MISSOURI ETHICS COMMISSION

# COMMITTEE DISCLOSURE REPORT COVER PAGE

INSTRUCTIONS ON REVERSE SIDE

**M.E.C. ID NO.** ________________

| 1. DATE OF REPORT | OFFICE USE ONLY |
|---|---|
| | |

| 2. FULL NAME OF COMMITTEE | 3. COMMITTEE MAILING ADDRESS | 4. COMMITTEE TELEPHONE NUMBER |
|---|---|---|
| 5. TREASURER'S NAME | 6. TREASURER'S MAILING ADDRESS | 7. TREASURER'S TELEPHONE NUMBER<br>HOME:<br>WORK: |
| 8. DEPUTY TREASURER'S NAME ☐ CHECK IF NO DEPUTY TREASURER | 9. DEPUTY TREASURER'S MAILING ADDRESS | 10. DEPUTY TREASURER'S TELEPHONE NUMBER<br>HOME:<br>WORK: |

| 11. DATE OF ELECTION | 12. TYPE OF ELECTION (CHECK ONE) | 13. TIME PERIOD COVERED BY THIS STATEMENT |
|---|---|---|
| | ☐ PRIMARY ☐ GENERAL ☐ SPECIAL | FROM THROUGH |

14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT,POLITICAL SUBDIVISION AND POLITICAL PARTY

☐ CHECK IF INCUMBENT

☐ REPUBLICAN ☐ DEMOCRAT ☐ ________________

15. TYPE OF REPORT:

☐ SEMIANNUAL DEBT REPORT

☐ OTHER ___________________________ ☐ JAN 15 ☐ JULY 15

☐ 8 DAYS BEFORE ELECTION ☐ COMMITTEE QUARTERLY REPORT

JAN 15 ☐ APRIL 15 ☐ JULY 15 ☐ OCT 15 ☐

☐ 30 DAYS AFTER ELECTION

☐ 15 DAY AFTER CAUCUS NOMINATION ☐ TERMINATION (ATTACH FORM CO-3)

☐ ANNUAL SUPPLEMENTAL, JAN 15 ☐ 15 DAYS AFTER PETITION DEADLINE

☐ AMENDING PREVIOUS REPORT DATED ______________ - _________ - 20 _____

| 16. COMMITTEE TREASURER'S SIGNATURE | 17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) |
|---|---|
| I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. | I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. |
| TREASURER'S SIGNATURE<br>_______________________ | CANDIDATE'S SIGNATURE<br>_______________________ |

# COMMITTEE DISCLOSURE REPORT
# COVER PAGE
# INSTRUCTIONS

**PURPOSE:** Form CD includes the Cover Page, Summary Page and numbered CD Forms. Form CD is used for reporting the receipts and disbursements of a committee as required by the Campaign Finance Disclosure Law. NOTE: Supplemental CD Forms are printed separately from this packet and may be obtained from the Missouri Ethics Commission or your appropriate officer.

**CONTENT OF FORM:**

**Item 1:** Enter the date the report is submitted.

**Item 2:** Enter the full name of the committee as reported on the Statement of Organization (Form CO-1).

**Item 3:** Enter the committee's mailing address (if any).

**Item 4:** Enter the committee's telephone number (if any).

**Item 5:** Enter the full name of the committee treasurer.

**Item 6:** Enter the committee treasurer's full mailing address.

**Item 7:** Enter the treasurer's home and business telephone numbers.

**Item 8:** Enter the full name of the deputy treasurer (if any).

**Item 9:** Enter the deputy treasurer's full mailing address.

**Item 10:** Enter the deputy treasurer's home and business telephone numbers.

**Item 11:** Enter the date of the election for which the report is being filed.

**Item 12:** Check the correct box for the type of election for which the report is being filed.

**Item 13:** Enter the opening and closing dates of the period covered by this report.

**Item 14:** Candidate committees only: List the name of the candidate, address, phone, the office they are seeking, the political subdivision, and political party affiliation.

**Item 15:** Check the appropriate box indicating the type of report your committee is filing.

**Item 16:** The treasurer must sign this report.

**Item 17:** Candidate committees only: The candidate must sign the report.

**MISSOURI ETHICS COMMISSION**
Post Office Box 1254
Jefferson City, Missouri 65102
(573) 751-2020
(800) 392-8660

CONTACT THE MISSOURI ETHICS COMMISSION OR YOUR LOCAL ELECTION AUTHORITY FOR FURTHER INFORMATION

MISSOURI ETHICS COMMISSION

# REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

| NAME OF COMMITTEE | DATE OF REPORT | OFFICE USE ONLY |
|---|---|---|
| | | |

| RECEIPTS | A. THIS PERIOD | B. THIS ELECTION |
|---|---|---|
| 1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED | | $ |
| 2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD | $ | |
| 3. ALL LOANS RECEIVED THIS PERIOD | + | |
| 4. MISCELLANEOUS RECEIPTS THIS PERIOD | + | |
| 5. **SUBTOTAL** MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A) | $ | |
| 6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD | + | |
| 7. **TOTAL** ALL RECEIPTS THIS PERIOD (SUM 5A + 6A) | $ | |
| 8. FUNDS USED FOR **REPAYING** LOANS THIS PERIOD | – | |
| 9. **TOTAL ALL RECEIPTS THIS ELECTION** (SUM 1B + 7A – 8A) | | $ |

| EXPENDITURES | A. THIS PERIOD | B. THIS ELECTION |
|---|---|---|
| 10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED | | $ |
| 11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD | $ | |
| 12. IN-KIND EXPENDITURES MADE THIS PERIOD | + | |
| 13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS) | + | |
| 14. **TOTAL** ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A) | $ | |
| 15. **TOTAL EXPENDITURES THIS ELECTION** (SUM 10B + 14A) | | $ |

| CONTRIBUTIONS MADE | A. THIS PERIOD | B. THIS ELECTION |
|---|---|---|
| 16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED | | $ |
| 17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD | $ | |
| 18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD | + | |
| 19. **TOTAL** ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A) | $ | |
| 20. **TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION** (SUM 16B + 19A) | | $ |

| OTHER DISBURSEMENTS | A. THIS PERIOD | |
|---|---|---|
| 21. FUNDS USED FOR REPAYING LOANS THIS PERIOD | + | |
| 22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED | + | |
| 23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE | + | |
| 24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A +23A) | $ | |

## STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION

| MONEY ON HAND | |
|---|---|
| 25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS) | $ |
| 26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5) | + |
| 27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24) a) Disbursements By Check $ ________ b) Disbursements By Cash $ ________ | – |
| 28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 – 27) | $ |

| INDEBTEDNESS | |
|---|---|
| 29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD | $ |
| 30. LOANS RECEIVED THIS PERIOD | + |
| 31. NEW DEBTS INCURRED THIS PERIOD | + |
| 32. PAYMENTS MADE ON LOANS THIS PERIOD | – |
| 33. CREDITS RECEIVED ON LOANS THIS PERIOD | – |
| 34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD | – |
| 35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 – 32 – 33 – 34) | $ |

# REPORT SUMMARY
## INSTRUCTIONS



**PURPOSE:** The report summary is used to consolidate the total receipts received and total disbursements made by your committee for this reporting period, and to report the cumulative amounts for the election period to date. In addition, the financial status of your committee is determined through disclosure of money on hand and outstanding indebtedness. Most of the information asked for is included on other forms in the Committee Disclosure Report packet.

**NOTE: This form should be filled out after all other CD-Forms required of your committee have been completed.** If this is an initial report, items 1, 10, and 16 will reflect a balance of zero (0).

**CONTENT OF FORM:**

### RECEIPTS

**Item 1:** From item 9 of your last Report Summary enter the total receipts for this election that your committee has previously reported.

**Item 2:** From Item 22 of Form CD1 for this reporting period, enter the total of all monetary contributions received.

**Item 3:** From Item 20 of Form CD1 for this reporting period, enter the total of all loans received.

**Item 4:** Enter the total amount of any receipts to your committee from sources other than contributions received. Such sources can include interest from interest bearing accounts (from committee records) and interest or dividends from investments (from Item 12 Form CD2), intra-campaign transfers from one candidate committee to another candidate committee controlled by the same candidate must be included in this amount. If such transfers are included, attach a listing, by name and address of the committee, date and amount of the transfer, to this report. This amount should not include any credits on loans received by your committee.

**Item 5:** Add the amounts entered for Items 2A, 3A, and 4A and enter the total. This reflects total monetary receipts for this reporting period.

**Item 6:** From Item 21 of Form CD1 for this reporting period, enter the total of in-kind contributions received this reporting period.

**Item 7:** Add the amounts entered for Items 5A and 6A and enter the total. This reflects total receipts for this reporting period.

**Item 8:** From Item 19 of Form CD3 for this reporting period, enter the total amount used for repaying loans this period.

**Item 9:** Add the amounts entered for Items 1B and 7A, then subtract the amount entered for Item 8A and enter the total. This reflects total receipts for this election to date.

### EXPENDITURES

**Item 10:** From Item 15 of your last Report Summary, enter the total expenditures your committee has previously reported for this election.

**Item 11:** From Item 16 of Form CD3 for this reporting period, enter the total expenditures made by check or in cash this period.

**Item 12:** From Item 18 of Form CD3 for this reporting period, enter the total of in-kind expenditures for this reporting period.

**Item 13:** From Item 17 of Form CD3 for this reporting period, enter the total of expenditures incurred but not paid during the period.

**Item 14:** Add the amounts entered for Items 11A, 12A, and 13A and enter the total. This reflects total expenditures made this period.

**Item 15:** Add the amount entered for Items 10B and 14A and enter the total. This reflects total expenditures for this election.

### CONTRIBUTIONS MADE

**Item 16:** From Item 20 of your last Report Summary, enter the total contributions made and previously reported for this election.

**Item 17:** From Item 25 of Form CD3 for this reporting period, enter the amount of monetary contributions made for this period.

**Item 18:** From Item 28 of Form CD3 for this reporting period, enter the amount of in-kind contributions made during this period.

**Item 19:** Add the amounts entered for Items 17A and 18A, and enter the total. This reflects total contributions made for this reporting period.

**Item 20:** Add the amounts entered for items 16B and 19A and enter the total. This reflects total contributions made during the election period.

### OTHER DISBURSEMENTS

**Item 21:** From Item 19 of Form CD3 for this reporting period, enter the amount used for repaying loans (this is the same amount entered for Item 8 of this form).

**Item 22:** From your committee records, enter the amount which was used during this reporting period to repay debts which were incurred and reported previous to this reporting period.

**Item 23:** From committee records enter the amount of any disbursement not listed as an expenditure or contribution made. This amount must include any intra-campaign transfers from one candidate committee to another candidate committee controlled by the same candidate. If such transfers are included, attach a listing, by name and address of the committee, date and amount of the transfer, to this report.

**Item 24:** Add the amounts entered for Items 21A, 22A and 23A and enter the total. This reflects total "other" disbursements for this period.

### MONEY ON HAND

**Item 25:** From Item 28 of your last Report Summary, enter the amount of money on hand at the beginning of this reporting period.

**Item 26:** From Item 5 of this Report Summary, enter the total monetary receipts for this reporting period.

**Item 27:** Add Items 11A, 17A, and 24A and enter the total. This reflects total monetary disbursements made this reporting period.

**Item 27A -** From committee records, enter the amount of monetary disbursements made this period by check.

**Item 27B -** From committee records, enter the amount of monetary disbursements made this period by cash.

NOTE: Items 27A and 27B, when added together, should equal Item 27.

**Item 28:** Add the amounts entered for Items 25 and 26, then subtract the amount entered for Item 27 and enter the total. This reflects the amount of money on hand at the end of this reporting period.

### INDEBTEDNESS

**Item 29:** From Item 35 of your last Report summary, enter the amount of indebtedness at the beginning of this reporting period.

**Item 30:** From Item 20 of Form CD1 for this reporting period, enter the amount of loans received during the period (same as Item 13 of this form).

**Item 31:** From Item 17 of Form CD3 for this reporting period, enter the amount of new debts incurred this period (same as Item 13 of this form).

**Item 32:** From Item 19 of Form CD3 for this reporting period, enter the amount used for repaying loans this period (same as Items 21 and 8 of this form).

**Item 33:** From committee records, enter the amount of any credits received on loans during the period (i.e. loans forgiven or paid by someone else, in whole or in part).

**Item 34:** From committee records, enter the amount used during this reporting period to repay debts which were incurred and reported previously (same as Item 22 of this form).

**Item 35:** Add the amounts entered for Items 29, 30, and 31, then subtract the amounts entered for Items 32, 33, and 34 and enter the total. This reflects total amount of indebtedness at the end of the reporting period.

MISSOURI ETHICS COMMISSION

# CONTRIBUTIONS AND LOANS RECEIVED

INSTRUCTIONS ON REVERSE SIDE

| **A. ITEMIZED CONTRIBUTIONS RECEIVED** FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN $100 TO A COMMITTEE.<br>3. **NAME, ADDRESS AND OCCUPATION** (LIST COMMITTEES FIRST) | 4. DATE RECEIVED<br>AGGREGATE TO DATE | 5. AMOUNT RECEIVED<br>(CHECK IF MONETARY OR IN-KIND) |
|---|---|---|
| NAME:<br>ADDRESS:<br>CITY/STATE:<br>EMPLOYER:<br>☐ COMMITTEE: | | $<br>☐ MONETARY<br>☐ IN-KIND |
| NAME:<br>ADDRESS:<br>CITY/STATE:<br>EMPLOYER:<br>☐ COMMITTEE: | | $<br>☐ MONETARY<br>☐ IN-KIND |
| NAME:<br>ADDRESS:<br>CITY/STATE:<br>EMPLOYER:<br>☐ COMMITTEE: | | $<br>☐ MONETARY<br>☐ IN-KIND |
| NAME:<br>ADDRESS:<br>CITY/STATE:<br>EMPLOYER:<br>☐ COMMITTEE: | | $<br>☐ MONETARY<br>☐ IN-KIND |
| NAME:<br>ADDRESS:<br>CITY/STATE:<br>EMPLOYER:<br>☐ COMMITTEE: | | $<br>☐ MONETARY<br>☐ IN-KIND |
| 6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5) | | $ |
| 7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES | | + |
| 8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) | | $ |
| 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS **MONETARY** CONTRIBUTIONS | | $ |
| 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS **IN-KIND** CONTRIBUTIONS | | $ |

| 1. NAME OF COMMITTEE | 2. REPORT DATE | OFFICE USE ONLY |
|---|---|---|
| | | |

| **B. NON-ITEMIZED CONTRIBUTIONS RECEIVED** (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS) | AMOUNT RECEIVED |
|---|---|
| 11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD 1A | |
| 12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSONS GIVING $25 OR LESS | |
| 13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING $100 OR LESS | |
| 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING $100 OR LESS | |

| **C. LOANS RECEIVED**<br>15. NAME AND ADDRESS OF LENDER | 16. DATE RECEIVED | 17. AMOUNT OF LOAN (IF MORE THAN $100 ATTACH CD-1B) |
|---|---|---|
| **NAME:**<br>**ADDRESS:** | | **$** |
| **NAME:**<br>**ADDRESS:** | | **$** |
| **NAME:**<br>**ADDRESS:** | | **$** |
| **NAME:**<br>**ADDRESS:** | | **$** |
| 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) | | $ |
| 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES | | $ |
| 20. TOTAL: LOANS THIS PERIOD (SUM 18 +19) | | $ |
| 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) | | $ |
| 22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13) | | $ |
| 23. MONETARY CONTRIBUTIONS AND LOANS RECEIVED REQUIRING A RECORD OF NAME AND ADDRESS (SUM 9, 13 & 20) | | $ |

# CONTRIBUTIONS AND LOANS RECEIVED

## INSTRUCTIONS

**PURPOSE:** CD1 is a comprehensive form used for reporting all types of contributions received from all sources during the reporting period covered.

**CONTENT OF FORM:**

**Item 1:** Enter the full name of the committee.

**Item 2:** Enter the date the report is being submitted.

**SECTION A: ITEMIZED CONTRIBUTIONS RECEIVED**

**Column 3:** Enter the full name and address of any person or committee from whom a contribution in excess of $100 was received. List the occupation/business of contributor. If a contract is indicated complete form CD7 to describe the contract. If a contributor has a contractual relationship in the amount of $500 or more with the political entity in which you seek office, complete form CD7 to describe the contract.

**Column 4:** Enter the date on which the contribution (listed in Column 3) was received.

Below the date, enter the aggregate amount received from the individual contributor to date if multiple contributions have been received for this election.

**Column 5:** Enter the amount of the contribution received. In-kind contributions should be reported at the fair-market value of the goods or service received.

Below the amount, indicate whether the contribution was in the form of money (monetary), or in a form other than money (in-kind).

**Item 6:** Add the amounts entered in Column 5 on this page and enter the total.

**Item 7:** Enter the total of itemized contributions received from any attached pages.

**Item 8:** Add the amounts entered on Items 6 and 7 and enter the total amount of itemized contributions received.

**Item 9:** Add the amounts in Column 5 which you have indicated were in-kind contributions (including attached pages), and enter the total.

**Item 10:** Add the amounts in Column 5 which you have indicated were monetary contributions (including attached pages), and enter the total.

**SECTION B: NON-ITEMIZED CONTRIBUTIONS**

**Item 11:** If your committee conducted a fund-raising activity or event during the reporting period where contributions (limited to $100 or less per person) were received from persons whose names and addresses could not be obtained, enter the total of these contributions. A statement of fundraising activities (Form CD1A) explaining these events must be attached to this report. If the name and address of all sources of contributions to a fund-raising activity are known, those contributions should not be included in the amount entered on Item 11, and a *Statement of Fundraising Activity need not be filed.*

**Item 12:** Enter the total of anonymous contributions (limited to $25 or less per person) received during the reporting period.

**Item 13:** Enter the total of monetary contributions from persons for whom you have a record of names, addresses, and occupation/business, but who have contributed an aggregate of $100 or less. Do not repeat information reported on items 11 and 12.

**Item 14:** Enter the total fair market value of all in-kind contributions received from persons contributing an aggregate of $100 or less.

**SECTION C: LOANS RECEIVED**

**Column 15:** Enter the full name and address of any lender from whom a loan was received during the reporting period, regardless of the amount.

**Column 16:** Enter the date the individual loan was received.

**Column 17:** Enter the amount of the individual loan. *For each loan of more than $100, additional information is required (see Form CD1B).*

**Item 18:** Add the amounts entered in Column 17 on this page, and enter the total.

**Item 19:** Enter the total amount of loans received from any attached pages.

**Item 20:** Add items 18 and 19 and enter the total amount of in-kind contributions received this period.

**SUMMARY SECTION:**

**Item 21:** Add Items 10 and 14 and enter the total amount of in-kind contributions received this period.

**Item 22:** Add Items 9, 11, 12, and 13, and enter the total amount of monetary contributions received this period.

**Item 23:** Add Items 9, 13, and 20, and enter the total amount of contributions and loans received that require a record of name and address this period.

MISSOURI ETHICS COMMISSION

# CONTRIBUTIONS RECEIVED – SUPPLEMENTAL

## INSTRUCTIONS

**PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD-1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than $100 and for committee contributions. This form may be reproduced as needed.**

**Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.**

**If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.**

| A. **ITEMIZED CONTRIBUTIONS RECEIVED** FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN $100 TO A CANDIDATE COMMITTEE, OR GIVING MORE THAN $100 TO ANY OTHER COMMITTEES<br>3. **NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)** | 4. DATE RECEIVED<br>— — — — — —<br>AGGREGATE TO DATE | 5. AMOUNT RECEIVED<br>(CHECK IF MONETARY OR IN-KIND) | A. **ITEMIZED CONTRIBUTIONS RECEIVED** FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN $100 TO A CANDIDATE COMMITTEE, OR GIVING MORE THAN $100 TO ANY OTHER COMMITTEES<br>3. **NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)** | 4. DATE RECEIVED<br>— — — — — —<br>AGGREGATE TO DATE | 5. AMOUNT RECEIVED<br>(CHECK IF MONETARY OR IN-KIND) |
|---|---|---|---|---|---|
| **NAME:**<br>**ADDRESS:**<br>**CITY/STATE:**<br>**EMPLOYER:**<br>☐ **COMMITTEE** | — — — — — — | $<br>☐ MONETARY<br>☐ IN-KIND | **NAME:**<br>**ADDRESS:**<br>**CITY/STATE:**<br>**EMPLOYER:**<br>☐ **COMMITTEE** | — — — — — — | $<br>☐ MONETARY<br>☐ IN-KIND |
| **NAME:**<br>**ADDRESS:**<br>**CITY/STATE:**<br>**EMPLOYER:**<br>☐ **COMMITTEE** | — — — — — — | $<br>☐ MONETARY<br>☐ IN-KIND | **NAME:**<br>**ADDRESS:**<br>**CITY/STATE:**<br>**EMPLOYER:**<br>☐ **COMMITTEE** | — — — — — — | $<br>☐ MONETARY<br>☐ IN-KIND |
| **NAME:**<br>**ADDRESS:**<br>**CITY/STATE:**<br>**EMPLOYER:**<br>☐ **COMMITTEE** | — — — — — — | $<br>☐ MONETARY<br>☐ IN-KIND | **NAME:**<br>**ADDRESS:**<br>**CITY/STATE:**<br>**EMPLOYER:**<br>☐ **COMMITTEE** | — — — — — — | $<br>☐ MONETARY<br>☐ IN-KIND |
| **NAME:**<br>**ADDRESS:**<br>**CITY/STATE:**<br>**EMPLOYER:**<br>☐ **COMMITTEE** | — — — — — — | $<br>☐ MONETARY<br>☐ IN-KIND | **NAME:**<br>**ADDRESS:**<br>**CITY/STATE:**<br>**EMPLOYER:**<br>☐ **COMMITTEE** | — — — — — — | $<br>☐ MONETARY<br>☐ IN-KIND |
| **NAME:**<br>**ADDRESS:**<br>**CITY/STATE:**<br>**EMPLOYER:**<br>☐ **COMMITTEE** | — — — — — — | $<br>☐ MONETARY<br>☐ IN-KIND | **NAME:**<br>**ADDRESS:**<br>**CITY/STATE:**<br>**EMPLOYER:**<br>☐ **COMMITTEE** | — — — — — — | $<br>☐ MONETARY<br>☐ IN-KIND |

**TOTAL: ITEMIZED CONTRIBUTIONS**
**(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)**

MISSOURI ETHICS COMMISSION

# EXPENDITURES AND CONTRIBUTIONS MADE

INSTRUCTIONS ON REVERSE SIDE

| 1. NAME OF COMMITTEE | 2. REPORT DATE | OFFICE USE ONLY |
|---|---|---|
| | | |

| **A. EXPENDITURES OF $100 OR LESS BY CATEGORY** **(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)** 3. CATEGORY OF EXPENDITURE | 4. AMOUNT PAID OR INCURRED THIS PERIOD |
|---|---|
| | |
| | |
| | |
| | |
| 5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4) | $ |
| 6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES | + |
| 7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6) | $ |

| **B. ITEMIZED EXPENDITURES ALL OVER $100 AND ALL PAYMENTS TO CAMPAIGN WORKERS** 8. NAME AND ADDRESS OF RECIPIENT | 9. DATE | 10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID) | 11. AMOUNT THIS PERIOD |
|---|---|---|---|
| | | | $ ☐ PAID ☐ INCURRED |
| | | | $ ☐ PAID ☐ INCURRED |
| | | | $ ☐ PAID ☐ INCURRED |
| | | | $ ☐ PAID ☐ INCURRED |
| | | | $ ☐ PAID ☐ INCURRED |
| | | | $ ☐ PAID ☐ INCURRED |
| | | | $ ☐ PAID ☐ INCURRED |
| 12. SUBTOTAL: THIS PAGE (SUM COLUMN 11) | | | $ |
| 13. SUBTOTAL: ANY ATTACHED PAGES | | | + |
| 14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13) | | | $ |

| | |
|---|---|
| 15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14) | $ |
| 16. AMOUNT OF LINE 15 WHICH WAS **PAID** OUT THIS PERIOD | $ |
| 17. AMOUNT OF LINE 15 WHICH WAS **DEBT INCURRED** THIS PERIOD | $ |
| 18. IF COMMITTEE MADE ANY **IN-KIND EXPENDITURES** THIS PERIOD, LIST AMOUNT | $ |
| 19. FUNDS USED FOR **REPAYING LOANS** THIS PERIOD (ATTACH FORM CD1B) | $ |

| **C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)** 20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE | 21. DATE | 22. AMOUNT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 23. SUBTOTAL: THIS PAGE (SUM COLUMN 22) | | $ |
| 24. SUBTOTAL: ANY ATTACHED PAGES | | + |
| 25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24) | | $ |

| | |
|---|---|
| 26. IF COMMITTEE **MADE ANY LOANS** THIS PERIOD, LIST AMOUNT | $ |
| 27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26) | $ |
| 28. IF COMMITTEE **MADE ANY IN-KIND CONTRIBUTIONS** THIS PERIOD, LIST AMOUNT | $ |

# EXPENDITURES AND CONTRIBUTIONS MADE

FORM CD3

## INSTRUCTIONS

**PURPOSE:** CD3 is used to report all expenditures (paid and incurred) and all contributions made by your committee during the reporting period.

**CONTENT OF FORM:**

**Item 1:** Enter the full committee name.

**Item 2:** Enter the date this report is being submitted.

**SECTION A: NON-ITEMIZED EXPENDITURES**

**Column 3:** Individual expenditures of $100 or less may be grouped into categories (i.e. office supplies, postage, etc.). Enter each group in Column 3. Do not include payments made to campaign workers in this section.

**Column 4:** Enter the dollar amount of each category listed in Column 3. Include expenditures which were paid as well as those which were incurred but not paid during the reporting period.

**Item 5:** Enter the total of the amounts entered in Column 4 on this page only.

**Item 6:** Enter the total of the amounts of each category from any attached pages.

**Item 7:** Add Items 5 and 6 and enter the total of non-itemized expenditures.

**SECTION B: ITEMIZED EXPENDITURES**

**Column 8:** Enter the name and address of any person, organization, or business to whom an expenditure of more than $100 was made during the reporting period.

Enter the name and address of any campaign worker to whom an expenditure was made during the reporting period, *regardless of the amount.*

**Column 9:** Enter the date the individual expenditure listed in Column 8 was made.

**Column 10:** Enter the purpose of the expenditure listed in Column 8.

If the expenditure was to a campaign worker, below the purpose of the expenditure (in this case, “salary”), enter the aggregate amount paid to this worker for this election to date.

**Column 11:** Enter the dollar amount, indicating paid or incurred for the individual expenditure for this reporting period.

**Item 12:** Enter the total of the amounts listed in Column 11 for this page only.

**Item 13:** Enter the total of all itemized expenditures from any attached pages.

**Item 14:** Add Items 12 and 13 and enter the total of itemized expenditures.

**Item 15:** Add Items 7 and 14 and enter the total of all expenditures made this period.

**Item 16:** Enter the amount of total expenditures made this period which were actually paid during the period.

**Item 17:** Enter the amount of total expenditures for this period which were incurred but not actually paid during this period.

**Item 18:** Enter the amount of any in-kind expenditures made during this reporting period.

**Item 19:** Enter the total amount used to repay any loans during this reporting period.

**SECTION C: MONETARY CONTRIBUTIONS MADE**

**Column 20:** Enter the name and address of any candidate or committee to whom your committee ***made a monetary contribution*** during the reporting period, regardless of the amount. Do not include transfers of funds to candidate committees controlled by the same candidate

**Column 21:** Enter the date the contribution was made.

**Column 22:** Enter the amount of the contribution.

**Item 23:** Add the amounts entered in Column 22 on this page only, and enter the total.

**Item 24:** Add the total amount of any contributions made from any attached pages, and enter the total.

**Item 25:** Add Items 23 and 24; enter the total of monetary contributions made.

**Item 26:** Enter the total amount of loans made during this reporting period (if any). Name and address of the recipient should be listed on an attached sheet.

**Item 27:** Add items 25 and 26; enter the total of all monetary contributions or loans made.

**Item 28:** Enter the total of any in-kind contributions made by the committee during the reporting period.

MISSOURI ETHICS COMMISSION

# EXPENDITURES MADE – SUPPLEMENTAL FORM

| NAME OF COMMITTEE | REPORT DATE | OFFICE USE ONLY |
|---|---|---|
| | | |

| **ITEMIZED EXPENDITURES ALL OVER $100, AND ALL PAYMENTS TO CAMPAIGN WORKERS** NAME AND ADDRESS OF RECIPIENT | DATE | PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID) | AMOUNT PAID OR INCURRED THIS PERIOD |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |

| **ITEMIZED EXPENDITURES ALL OVER $100, AND ALL PAYMENTS TO CAMPAIGN WORKERS** NAME AND ADDRESS OF RECIPIENT | DATE | PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID) | AMOUNT PAID OR INCURRED THIS PERIOD |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| **TOTAL: ITEMIZED EXPENDITURES THIS PAGE** **(CARRY TO ITEM 13. “SUBTOTAL: ANY ATTACHED PAGES” ON FORM CD-3)** | | | $ |

MISSOURI ETHICS COMMISSION

# STATEMENT OF INVESTMENTS OTHER THAN SAVINGS ACCOUNTS

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

| 1. NAME OF COMMITTEE | 2. REPORT DATE |
|---|---|
| | |

## A. INVESTMENTS MADE THIS PERIOD

| 3. DESCRIPTION OF INVESTMENTS | 4. NAME(S) AND ADDRESS(ES) OF PERSON(S) INVOLVED IN TRANSACTION | 5. DATE OF TRANSACTION | 6. AMOUNT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## B. INVESTMENTS FROM WHICH INTEREST OR DIVIDENDS WERE RECEIVED THIS PERIOD

| 7. DESCRIPTION OF INVESTMENTS | 8. NAME(S) AND ADDRESS(ES) OF PERSON(S) INVOLVED IN TRANSACTION | 9. DATE OF TRANS. | 10. PRINCIPAL | 11. INTEREST |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**12. TOTAL: INTEREST OR DIVIDENDS RECEIVED THIS PERIOD (SUM COLUMN 11)** $

## C. INVESTMENTS HELD AT CLOSE OF THIS PERIOD

| 13. NAME AND DESCRIPTION OF INVESTMENT | 14. NAME OF INSTITUTION | 15. AMOUNT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**16. TOTAL: ALL INVESTMENTS HELD AT CLOSE OF THIS PERIOD (SUM COLUMN 15)** $

# STATEMENT OF INVESTMENTS
# INSTRUCTIONS

FORM CD-2

**PURPOSE:** This form is used to report any investments made by your committee during the reporting period, and the status of any investments currently held in the form on certificates of deposit, bonds or securities. Funds held in savings accounts are not reported on this form but are included in Items 25 and 28 (Money on Hand) of Form CD-Summary.

**CONTENT OF FORM:**

**Item 1:** Enter the full name of your committee.

**Item 2:** Enter the date this report is being submitted.

**SECTION A: INVESTMENTS MADE THIS PERIOD**

Enter the following information regarding each investment entered into with committee funds during this reporting period including renewals of CD's:

**Column 3:** Briefly describe the investment including the name or type (Bond, CD, etc.), identifying numbers (if any), and maturity date (if any).

**Column 4:** List the name and address of the person, institution, firm, etc., with whom the transaction was made. Also list the name and address of the individual who acted on behalf of the committee in the transaction.

**Column 5:** Enter the date the investment was made.

**Column 6:** Enter the principal amount which was invested.

**SECTION B: INVESTMENTS FROM WHICH INTEREST OR DIVIDENDS WERE RECEIVED THIS PERIOD**

Enter the following information regarding investments from which funds (interest, dividends or principal) were transferred to the committee's official fund depository account during the reporting period:

**Column 7:** Briefly describe the investment including name or type, identifying numbers (if any), and maturity date (if any).

**Column 8:** List the name and address of the person, institution, firm, etc., with whom the transaction was made. Also list the name and address of the individual who acted on behalf of the committee in the transaction.

**Column 9:** Enter the date funds were received as a result of maturity, sale, payment of dividends, etc.

**Column 10:** Enter the amount of principal value of investment.

**Column 11:** Enter the amount of interest or dividends earned from the investment.

**Column 12:** Enter the total amount of interest or dividends transferred to the official fund depository account during this reporting period (sum of Column 11).

**SECTION C: INVESTMENTS HELD AT THE CLOSE OF THIS PERIOD**

Enter the following information regarding investments held by your committee at the close of the reporting period.

**Column 13:** Briefly describe the investment including name or type, identifying numbers (if any), and maturity date (if any).

**Column 14:** Enter the name of the institution (bank, savings and loan, etc.) in which the investment is held.

**Column 15:** Enter the total value of the investment.

**Item 16:** Enter the total value of all investments held by the committee (sum of Column 15).

MISSOURI ETHICS COMMISSION

# FUND-RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

REPORT DATE

## STATEMENT OF FUND-RAISING ACTIVITY OR EVENT

1. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS

3. DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED:

| 4. DATE OF ACTIVITY OR EVENT | 6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT |
|---|---|
| 5. NUMBER OF PARTICIPANTS | |

| **RECEIPTS FROM ACTIVITY OR EVENT** | 7. AMOUNT |
|---|---|
| 8. TOTAL CONTRIBUTIONS ($100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED | |
| 9. TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS | |
| 10. GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9) | |

11. EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING $25 OR LESS COULD NOT BE OBTAINED

| 12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT | 13. AMOUNT |
|---|---|
| | |
| | |
| | |
| | |
| 14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT | |


## STATEMENT OF FUND-RAISING ACTIVITY OR EVENT

1. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS

3. DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED:

| 4. DATE OF ACTIVITY OR EVENT | 6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT |
|---|---|
| 5. NUMBER OF PARTICIPANTS | |

| **RECEIPTS FROM ACTIVITY OR EVENT** | 7. AMOUNT |
|---|---|
| 8. TOTAL CONTRIBUTIONS ($100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED | |
| 9. TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS | |
| 10. GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9) | |

11. EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING $25 OR LESS COULD NOT BE OBTAINED

| 12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT | 13. AMOUNT |
|---|---|
| | |
| | |
| | |
| | |
| 14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT | |

# FUND-RAISING STATEMENT
# INSTRUCTIONS

**PURPOSE:** Use this form to provide more detail on information already reported on CD1, line 11. This form is divided into two identical sections. In the event more than one fund-raising activity was held, both may be reported on the same form.

## I. STATEMENT OF FUND-RAISING ACTIVITY

Complete this statement only if your committee received contributions from a fund-raising event where **it was not possible to obtain the names and addresses of all contributors.**

**Item 1:** Enter the name and address of the candidate or committee which received the funds raised by the activity or event.

**Item 2:** Enter the name and address of the location of the activity or event.

**Item 3:** Give a brief description of the activity or event and the fund-raising methods used (i.e. sale of buttons, clothing, or jewelry, charging for games played at an event, passing the hat, etc.).

**Item 4:** Enter the date the event or activity was held.

**Item 5:** Enter the approximate number of persons participating in the event.

**Item 6:** Enter the name and address of the person or persons who were responsible for conducting the event or activity.

**Column 7:** Enter the amounts as instructed in Items 8, 9 and 10.

**Item 8:** Enter the total amount of contributions from persons whose names and addresses could not be obtained. Such contributions are limited to $100 or less per person.

**Item 9:** Enter the total amount of contributions received during the activity or event from persons whose names and addresses were obtained and recorded.

**Item 10:** Add the amounts entered in Items 8 and 9 and enter the total.

**Item 11:** Give a brief explanation as to why the names and addresses of certain contributors could not be obtained (i.e. the fund-raising method used and the volume of participants may make recording names and addresses impossible).

**Column 12:** List a brief description of expenditures made to conduct the fund-raising activity. These expenditures are listed in detail in either section A or B of form CD3.

**Column 13:** Enter the amounts of individual expenditures listed in Column 12. These figures are also listed on form CD3.

**Item 14:** Add the amounts entered in Column 13 and enter the total.

MISSOURI ETHICS COMMISSION

# SUPPLEMENTAL LOAN INFORMATION

INSTRUCTIONS ON REVERSE SIDE

| CHECK TYPE OF FORM | 1. NAME OF COMMITTEE | REPORT DATE | OFFICE USE ONLY |
|---|---|---|---|
| ☐ LOAN RECEIVED<br>☐ LOAN REPAYMENT | | | |

## I. LOAN RECEIVED

### (LOAN OF MORE THAN $100)

1. NAME AND ADDRESS OF LENDER

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN

| 3. LOAN I.D. NUMBER (IF ANY) | 4. DATE OF LOAN | 5. AMOUNT OF LOAN |
|---|---|---|
| | | $ |
| 6. ANNUAL RATE OF INTEREST | 7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.) | |
| % | | |

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)

## II. SCHEDULE OF REPAYMENT

### (PAYMENT MADE OR CREDIT RECEIVED)

| 1. DATE OF PAYMENT OR CREDIT | 2. NAME AND ADDRESS OF LENDER | 3. AMOUNT OF PAYMENT OR CREDIT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3) | | $ |
| 5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE | | $ |
| 6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED | | $ |

# SUPPLEMENTAL LOAN INFORMATION INSTRUCTIONS

CD1B

## I. LOAN RECEIVED

**PURPOSE:** This statement must be completed for each loan of more than $100 received this period. It must include name and address of lender and each person liable, date, amount, and terms of the loan. *This form must be attached to Form CD1.*

**Item 1:** Enter the name and complete address of the lender.

**Item 2:** Enter the name(s) and address(es) of the person(s) liable for the loan.

**Item 3:** Enter the loan identification number or anything that will help identify the loan.

**Item 4:** Enter the date the loan was made.

**Item 5:** Enter the total amount of the loan.

**Item 6:** Enter the annual rate of interest.

**Item 7:** Enter the amount of time you have to repay the loan.

**Item 8:** Describe the method of payment schedule that the loan calls for (month, year, etc.).

## II. SCHEDULE OF REPAYMENT

**PURPOSE:** This statement is used to show how committees make payments on loans they have received, or how they are given credit on loans received.

**Item 1:** Enter the date the loan received payment or credit.

**Item 2:** Enter the name(s) and address(es) of the person(s) that made the loan.

**Item 3:** Enter the amount of payment or amount credited to the loan.

**Item 4:** Enter the total amounts of payments or credits on all loans during this reporting period.

**Item 5:** Enter the amount of Item 4 that was actually paid out (not including forgiveness of a loan).

**Item 6:** Enter the amount of Item 4 that was credit received.

MISSOURI ETHICS COMMISSION

# CONTRACTUAL RELATIONSHIP REPORT

| NAME OF COMMITTEE | DATE | **OFFICE USE ONLY** |
| --- | --- | --- |

**DESCRIPTION OF CONTRACTUAL RELATIONSHIP**

NAME OF CONTRIBUTOR

NAME OF AGENCY/DEPARTMENT

ADDRESS OF AGENCY/DEPARTMENT

| DATE OF CONTRACT START | DATE OF CONTRACT END | AMOUNT OF CONTRACT |
| --- | --- | --- |
| | | $ |

**DESCRIPTION OF CONTRACTUAL RELATIONSHIP**

NAME OF CONTRIBUTOR

NAME OF AGENCY/DEPARTMENT

ADDRESS OF AGENCY/DEPARTMENT

| DATE OF CONTRACT START | DATE OF CONTRACT END | AMOUNT OF CONTRACT |
| --- | --- | --- |
| | | $ |

**DESCRIPTION OF CONTRACTUAL RELATIONSHIP**

NAME OF CONTRIBUTOR

NAME OF AGENCY/DEPARTMENT

ADDRESS OF AGENCY/DEPARTMENT

| DATE OF CONTRACT START | DATE OF CONTRACT END | AMOUNT OF CONTRACT |
| --- | --- | --- |
| | | $ |

**DESCRIPTION OF CONTRACTUAL RELATIONSHIP**

NAME OF CONTRIBUTOR

NAME OF AGENCY/DEPARTMENT

ADDRESS OF AGENCY/DEPARTMENT

| DATE OF CONTRACT START | DATE OF CONTRACT END | AMOUNT OF CONTRACT |
| --- | --- | --- |
| | | $ |

**DESCRIPTION OF CONTRACTUAL RELATIONSHIP**

NAME OF CONTRIBUTOR

NAME OF AGENCY/DEPARTMENT

ADDRESS OF AGENCY/DEPARTMENT

| DATE OF CONTRACT START | DATE OF CONTRACT END | AMOUNT OF CONTRACT |
| --- | --- | --- |
| | | $ |

USE THIS FORM TO REPORT THE DESCRIPTION OF ANY CONTRACTUAL RELATIONSHIP OVER $500 BETWEEN A CONTRIBUTOR AND THE STATE (IF CANDIDATE IS SEEKING ELECTION TO A STATE OFFICE) OR BETWEEN CONTRIBUTOR AND ANY POLITICAL SUBDIVISION OF THE STATE (IF CANDIDATE IS SEEKING ELECTION TO ANOTHER POLITICAL SUBDIVISION OF THE STATE)

# CONTRACTUAL RELATIONSHIP REPORT INSTRUCTIONS

For candidate committee only. The treasurer of a candidate committee shall make a reasonable effort to obtain and report a description of any contractual relationship over five hundred dollars between the contributor and the state (if the candidate is seeking election to a state office) or between the contributor and any political subdivision of the state if the candidate is seeking election to another political subdivision of the state.

MISSOURI ETHICS COMMISSION

# INDEPENDENT CONTRACTOR EXPENDITURE

| ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR<br>NAME AND ADDRESS OF RECIPIENT | DATE | DESCRIPTION OF SERVICES RENDERED | PRO-RATED COST FOR SERVICE | TOTAL AMOUNT PAID |
|---|---|---|---|---|
| | | | | |
| | | | | |
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| | | | SUBTOTAL THIS PAGE ► | |

# INDEPENDENT CONTRACTOR EXPENDITURE REPORT INSTRUCTIONS

If the words “consulting or consulting services, fees, or expenses”, or similar words are used to describe a reported expenditure on the Expenditures and Contributions Form, the specific service or services provided and the dollar amount prorated for each service shall be identified on the reverse side of this form.

The type of service provided may include, but is not limited to, public opinion polling, research on issues or opposition background, print or broadcast media purchase, computer programming or data entry, direct mail production, postage, rent, utilities, phone solicitation, or fund raising.

MISSOURI ETHICS COMMISSION

# DIRECT EXPENDITURE REPORT

| 1. NAME OF COMMITTEE | OFFICE USE ONLY |
|---|---|
| | 2. REPORT DATE |

## DIRECT EXPENDITURE REPORT

This form is used when expenditures listed on form CD3 have been made directly on behalf of a candidate or ballot measure issue. Candidate committees making expenditures only on behalf of the candidate for which their committee was formed do not complete this form.

### A. CANDIDATES

| 3. CANDIDATE'S NAME AND ADDRESS | 4. OFFICE SOUGHT | 5. CHECK ONE SUPP. | OPP. | 6. EXPENDITURES THIS PERIOD | 7. EXPENDITURES TO DATE | 3. CANDIDATE'S NAME AND ADDRESS | 4. OFFICE SOUGHT | 5. CHECK ONE SUPP. | OPP. | 6. EXPENDITURES THIS PERIOD | 7. EXPENDITURES TO DATE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
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### B. BALLOT MEASURES

| 8. NAME OF BALLOT MEASURE (INCLUDE POLITICAL SUBDIVISION) | 9. ELECTION DATE | 10. CHECK ONE SUPP. | OPP. | 11. EXPENDITURES THIS PERIOD | 12. EXPENDITURES TO DATE | 8. NAME OF BALLOT MEASURE (INCLUDE POLITICAL SUBDIVISION) | 9. ELECTION DATE | 10. CHECK ONE SUPP. | OPP. | 11. EXPENDITURES THIS PERIOD | 12. EXPENDITURES TO DATE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

# SUPPLEMENTAL FORM
# INSTRUCTIONS

FORM CD-4

**PURPOSE:** Use this form to provide more detail on information already reported on Form CD1 and CD3. This form is divided vertically into two reports.

**CONTENT OF FORM:**

**Item 1:** Enter the full name of the committee.

**Item 2:** Enter the date this report is being submitted.

**I. DIRECT EXPENDITURE REPORT**

Complete this form when expenditures listed on form CD3 were made directly on behalf of a candidate or ballot measure.

**SECTION A. CANDIDATES**

**Column 3:** Enter the full name and address of any candidate for which your committee has made expenditures to support or oppose their candidacy during the reporting period.

**Column 4:** Enter the title of the office the candidate is seeking, and the political subdivision or district (State Representative-District 165, etc.) in which the office sought is located.

**Column 5:** Indicate whether your committee expenditures were in support of or in opposition to the candidate.

**Column 6:** Enter the amount of expenditures made in support of or in opposition to the candidate during this reporting period.

**Column 7:** Enter the total amount of expenditures made in support of or in opposition to the candidate to date for this election.

**SECTION B: BALLOT MEASURES**

**Column 8:** Enter the full name of any ballot measure for which your committee has made expenditures to support or oppose during the reporting period. If the measure is local, enter the political subdivision in which it is an issue.

**Column 9:** Enter the date of the election.

**Column 10:** Indicate whether your committee expenditures were in support of or in opposition to the ballot measure.

**Column 11:** Enter the amount of expenditures made in support of or in opposition to the ballot measure during this reporting period.

**Column 12:** Enter the total amount of expenditures made in support of or in opposition to the ballot measure to date for this election.